

MULTIPLE DEPENDENT CLAIM
 FEE CALCULATION SHEET
 (FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____
 APPLICANT(S) _____

BEST AVAILABLE COPY

	CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
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TOTAL IND.	6					
TOTAL DEP.	52					
TOTAL CLAIMS	58					